

# THE PUBLIC'S HEALTH

Newsletter for Medical Professionals in Los Angeles County

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## IMPORTANT CHANGES IN REPORTABLE DISEASES

The California Department of Health Services recently revised the regulations for disease reporting. Every healthcare provider or administrator of a health facility or clinic, and anyone in charge of a public or private school, kindergarten, boarding school, or pre-school knowing of a case or suspected case of a reportable disease is required to report it to the local health department as specified by the California Code of Regulations (Section 2500). Immediate reporting by telephone is also required for any outbreak and any unusual disease not listed in Section 2500. Laboratories have separate requirements for reporting certain communicable diseases (Section 2505). Healthcare providers must also give detailed instructions to household members in regard to precautionary measures to be taken for preventing the spread of disease (Section 2514).

Timely reporting of communicable diseases is a critical component of disease surveillance, prevention and control.

Delay and failure to report may contribute to secondary transmission of disease. Failure to report is a misdemeanor (Health and Safety Code Section 120295), punishable by a fine not less than \$50, or by imprisonment for a term of not more than 90 days, or by both. Each day the violation is continued is a separate offense. Failure to report includes: 1) no report received, 2) incomplete reporting where all requested information is not provided in the required time frame, and 3) delayed reports not adhering to the required time frame.

***Timely reporting of communicable diseases is a critical component of disease surveillance, prevention and control.***

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## CLINICIANS URGED TO ENCOURAGE INFLUENZA VACCINATION

If you are seeing patients who have not yet been vaccinated for influenza, the Los Angeles County Department of Health Services urges you to immunize them, especially patients who are at high risk for complications such as the elderly, the immunocompromised, and those with pre-existing chronic medical conditions (e.g., diabetics). In addition, since sufficient vaccine supplies are available, the vaccine can be administered widely to all those who request it, including those without medical indications.

Influenza activity has had a slow start this season, thus while the usual optimal time for vaccination has passed (typically October and November is ideal for

***Since sufficient vaccine supplies are available, the vaccine can be administered widely to all those who request it, including those without medical indications.***

vaccination), this year, influenza activity will likely continue into the Spring. As a consequence, vaccination now should still be beneficial.

The medical literature has documented that when health care providers recommend immunization to patients, those patients almost always agree to receive it. We hope you will continue to offer influenza vaccine to your patients.

## THE PUBLIC'S HEALTH

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# Los Angeles County Health Survey: Briefs

The Los Angeles County Health Survey is a periodic population-based telephone survey of approximately 8,000 households in the county, examining health and health-related issues for adults and children. The Field Research Corporation first conducted the survey for the Los Angeles County Department of Health Services in 1997 and again between September 1999 and April 2000. The health department obtained funding to support the 1999 survey from the California Department of Health Services, the Los Angeles County Department of Public Social Services, and the federal Medicaid Demonstration Project.

## Smoking Prevalence and Efforts to Quit

In Los Angeles County, tobacco use is responsible for approximately 11,000 deaths each year. In addition, the top five causes of death in the county are each significantly associated with tobacco use: heart disease, stroke, lung and other respiratory cancers, pneumonia and emphysema. The health department included questions on smoking on its first survey (1997) as well, allowing for some comparisons.

- The prevalence of cigarette smoking in adults did not change from 1997 – 1999 (18% in each year). However, the total number who smoke increased by 80,000 over this same period due to population growth. No significant changes in smoking prevalence were observed by gender, race/ethnicity, education or poverty level.
- The prevalence of smoking was significantly higher in men (22%) than women (14%) in 1999.
- Smoking prevalence was significantly lower among Latinas (9%) and Asian women (9%) than African-American (21%) and white (19%) women in 1999.
- In 1999, one-half of current smokers reported that they tried to quit smoking in the past year. Of these, 38% reported trying to quit smoking one time, 24% two times and 37% three or more times during the past year.

Approximately 75% of smokers reported seeing a health care provider in the past year. Within this group:

- 56% reported that a doctor had talked with them in the past year about quitting smoking.

Detailed summaries of these topics may be found on Public Health's web site at:  
[www.lapublichealth.org/ha/haprog.htm](http://www.lapublichealth.org/ha/haprog.htm)

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## Health Survey: Briefs (from page 2)

- Latinos (40%) were less likely than whites (61%), African-Americans (69%), and Asian/Pacific Islanders (62%) to report that a doctor had talked with them about quitting smoking.
- The percentage who had talked to a doctor about quitting smoking in the past year was lower among those without health insurance (30%) than those with private insurance (49%) or Medi-Cal (52%) coverage.

### Childhood Asthma

Asthma is the most common chronic illness and a leading cause of disability in children. When not adequately treated, asthma can limit children's activities and lead to serious complications, including pneumonia, impaired growth and development, and death. Among children in the county, asthma accounted for nearly 40,000 hospitalizations during the period 1995 – 1997. Hospitalization rates were more than three times higher among African-American children than those in other racial/ethnic groups.

- An estimated 6% of children (173,000) in the county had asthma in 1999–2000.
- The prevalence of asthma was 7% among children 6 to 17 years old and 5% among those 5 years of age and younger.
- Reported asthma prevalence did not vary by household income but was higher among children with private insurance (7%) and Medi-Cal/Healthy Families (6%) than among those without health insurance (3%), suggesting that uninsured children may be less likely than those with insurance to have asthma diagnosed.
- Among children with asthma, 53% had limited physical activity because of their disease, including 61% of those 6 to 17 years of age.
- Among asthmatic children, 60% of those less than 5 years old and 48% of those aged 6 to 17 years had to visit an emergency room or urgent care center for their asthma in the past 12 months.

- Among children with asthma, those exposed to environmental tobacco smoke (ETS) in the home were more likely to have asthma symptoms that limited their physical activity (70%) than those not exposed to ETS (52%).

### Hypertension

Until its most advanced stages, hypertension is often a “silent” disease. As a result, persons with the condition are not diagnosed in a timely manner and many more remain untreated. Hypertension – or, high blood pressure – affects an estimated 50 million persons in the U.S. Left uncontrolled, hypertension is a major cause of heart disease, stroke and kidney disease. It may also damage many other organ systems, including the eyes and brain.

The following data on the prevalence of hypertension in the county's adult population are based on self-reported information and therefore, represent minimum estimates.

- Overall, 19% of adults age 18 and older (an estimated 1,357,000) have been diagnosed with hypertension.
- The prevalence of hypertension increases with age, from 6% in the 18 – 24 and 25 – 29 age groups to 45% among those 65 and older.
- The prevalence of hypertension is higher among African-Americans (28%) and whites (22%) than among Latinos (15%) and Asians/Pacific Islanders (15%). Differences persisted after controlling for age and reported blood pressure screening in the past two years.
- Hypertension is most prevalent among those who are overweight (21%) or obese (35%) and among those who are sedentary (22%).
- 65% of adults with diagnosed hypertension are taking medication to lower their blood pressure.
- The likelihood of taking medication for hypertension increases with household income, from 55% among those with incomes less than 100% of poverty to 73% among those with incomes at or above 300% of poverty.

## Reportable Diseases (from page 1)

The complete, revised list of reportable diseases for Los Angeles County is available on page 5; a summary of changes is provided below. Special instructions for reporting sexually transmitted diseases, AIDS, and tuberculosis cases are provided on the sample Confidential Morbidity Report form displayed on page 6.

### Adaptions for reporting bioterrorist diseases

The majority of recent amendments to the list of reportable diseases have been instituted in light of the threat of bioterrorist activity. The Centers for Disease Control and Prevention (CDC), in consultation with bioterrorism experts, have identified seven diseases that merit intensive surveillance and rapid reporting, these are: anthrax, botulism, brucellosis, plague, smallpox, tularemia, and viral hemorrhagic fevers. These agents are highest priority because of their devastating physical and psychological effects and their ability to be weaponized and effectively delivered to a target area. These diseases have the capacity to produce high fatality rates and, for some, to also spread person to person (e.g., smallpox). Vaccines are not available against most of these agents or supplies are presently limited (anthrax, plague, and smallpox). With the exception of smallpox vaccine, none of the other vaccines are very effective. For smallpox, no vaccine has been manufactured since 1980, leaving resources for civilian use grossly insufficient. Antibiotics can be effective against some bacterial disease (anthrax, brucellosis, plague and tularemia). Treatment must be started soon after onset of illness to be effective (e.g., inhalation anthrax), making early diagnosis and immediate reporting to public health officials enormously important in saving lives.

Additional information about bioterrorist surveillance in Los Angeles County is available at: [www.labt.org](http://www.labt.org)

### Highlight of changes for health care providers

The following are the recent changes to the Los Angeles County schedule of reportable diseases. Two new diseases have been added: smallpox, and fatal varicella. Both require immediate reporting by telephone to the Los Angeles County Department

of Health Services. In addition, the time interval allowed for health care providers to report after diagnosis has been shortened for two diseases: brucellosis, and tularemia. Both now require immediate reporting by telephone to the Los Angeles County Department of Health Services.

To report a case or outbreak of any disease contact the Communicable Disease Reporting System Hotline:  
888-397-3993 • 888-397-3778 (fax)

For questions or to discuss any case, contact  
Acute Communicable Disease Control:  
213-240-7941 (Mon-Fri 8am-5pm)  
After hours: 213-974-1234

### Highlight of changes for laboratories

Recent amendments now require that whenever a laboratory receives a specimen for bacterial testing of suspected human anthrax, botulism, brucellosis or tularemia, the laboratory must immediately contact by telephone the California Department of Health Services' (CDHS) Microbial Diseases Laboratory (510-540-2242). Plague has already required immediate telephone notification. Similarly, any laboratory receiving specimens for viral testing of smallpox or viral hemorrhagic fever agents must immediately contact by telephone the CDHS Viral and Rickettsial Diseases Laboratory (510-307-8575). In addition, laboratory findings suggestive of those same seven diseases must be reported to their local Health Department by telephone within one hour, followed by a written report submitted by facsimile or electronic mail within one working day.

Laboratories receiving specimens for the diagnosis of anthrax, botulism, brucellosis, plague, smallpox, tularemia or viral hemorrhagic fever must contact the California Department of Health Services immediately.

These recent amendments are to insure most serious and likely candidates for bioterrorist activity are promptly reported by health care providers and laboratories. Similar regulations have been adopted, or are in the process of being adopted, in all 50 states. The exact timing of a bioterrorist attack cannot be predicted, but vigilant awareness and detection of the most likely agents can assist in an effective response.



# REPORTABLE DISEASES AND CONDITIONS

It shall be the duty of every health care provider, knowing of or in attendance on a case or suspected case of any diseases or conditions listed below, to report to the local health officer for the jurisdiction where the patient resides. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed below may make such a report. "Healthcare provider" encompasses physicians, surgeons, veterinarians, podiatrists, nurse practitioners, physician assistants, registered nurses, nurse midwives, school nurses, infection control practitioners, medical examiners, coroners, and dentists.

## Urgency Reporting Requirements:

☎ = Report immediately by telephone.

✉ = Report by mailing, telephoning or electronically transmitting a report within **1 working day** of identification of the case or suspected case.

📞 = Report by telephone within **1 hour** followed by a written report submitted by facsimile or electronic mail within **1 working day**.

If no symbol, report within **7 calendar days** from the time of identification by mail, telephone or electronic report.

## REPORTABLE DISEASES

<ul style="list-style-type: none"> <li>Acquired Immune Deficiency Syndrome (AIDS)</li> <li>☎ Amebiasis</li> <li>☎ Anisakiasis</li> <li>☎ Anthrax</li> <li>☎ Babesiosis</li> <li>☎ Botulism (Infant, Foodborne, Wound)</li> <li>☎ Brucellosis</li> <li>☎ Campylobacteriosis</li> <li>Chancroid</li> <li>Chlamydial Infections</li> <li>☎ Cholera</li> <li>☎ Ciguatera Fish Poisoning</li> <li>Coccidioidomycosis</li> <li>☎ Colorado Tick Fever</li> <li>☎ Conjunctivitis, Acute Infectious of the Newborn, Specify Etiology</li> <li>☎ Cryptosporidiosis</li> <li>Cysticercosis</li> <li>☎ Dengue</li> <li>☎ Diarrhea of the Newborn, Outbreaks</li> <li>☎ Diphtheria</li> <li>☎ Domoic Acid Poisoning (Amnesic Shellfish Poisoning)</li> <li>Echinococcosis (Hydatid Disease)</li> <li>Ehrlichiosis</li> <li>☎ Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic</li> <li>☎ <i>Escherichia coli</i> O157:H7 Infection</li> <li>Foodborne Disease (2 or more cases with same suspected source)</li> <li>Giardiasis</li> <li>☎ Gonococcal Infections</li> <li>☎ <i>Haemophilus influenzae</i>, Invasive Disease</li> <li>☎ Hantavirus Infections</li> </ul>	<ul style="list-style-type: none"> <li>☎ Hemolytic Uremic Syndrome</li> <li>Hepatitis, Viral</li> <li>☎ Hepatitis A</li> <li>Hepatitis B (Specify Acute Case or Chronic)</li> <li>Hepatitis C (Specify Acute Case or Chronic)</li> <li>Hepatitis D (Delta)</li> <li>Hepatitis, Other, Acute</li> <li>Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome)</li> <li>Legionellosis</li> <li>Leprosy (Hansen Disease)</li> <li>Leptospirosis</li> <li>☎ Listeriosis</li> <li>Lyme Disease</li> <li>☎ Lymphocytic Choriomeningitis</li> <li>☎ Malaria</li> <li>☎ Measles (Rubeola)</li> <li>☎ Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic</li> <li>☎ Meningococcal Infections</li> <li>Mumps</li> <li>Non-Gonococcal Urethritis (report laboratory confirmed chlamydial infections as chlamydia)</li> <li>☎ Paralytic Shellfish Poisoning</li> <li>Pelvic Inflammatory Disease (PID)</li> <li>☎ Pertussis (Whooping Cough)</li> <li>☎ Plague, Human or Animal</li> <li>☎ Poliomyelitis, Paralytic</li> <li>☎ Psittacosis</li> <li>☎ Q Fever</li> <li>☎ Rabies, Human or Animal</li> <li>☎ Relapsing Fever</li> <li>Reye Syndrome</li> <li>Rheumatic Fever, Acute</li> </ul>	<ul style="list-style-type: none"> <li>Rocky Mountain Spotted Fever</li> <li>Rubella (German Measles)</li> <li>Rubella Syndrome, Congenital</li> <li>☎ Salmonellosis (other than Typhoid Fever)</li> <li>☎ Scabies (Atypical or Crusted)★</li> <li>☎ Scombroid Fish Poisoning</li> <li>☎ Shigellosis</li> <li>☎ Smallpox</li> <li>Streptococcal Infections</li> <li>☎ Outbreaks of any Type and Individual Cases in Food Handlers and Dairy Workers Only</li> <li>☎ Invasive Group A Streptococcal Infections including Streptococcal Toxic Shock Syndrome and Necrotizing Fasciitis ★ (Do not report individual cases of pharyngitis or scarlet fever.)</li> <li>☎ Swimmer's Itch (Schistosomal Dermatitis)</li> <li>☎ Syphilis</li> <li>Tetanus</li> <li>Toxic Shock Syndrome</li> <li>Toxoplasmosis</li> <li>☎ Trichinosis</li> <li>☎ Tuberculosis</li> <li>☎ Tularemia</li> <li>☎ Typhoid Fever, Cases and Carriers</li> <li>Typhus Fever</li> <li>☎ Varicella (deaths only)</li> <li>☎ <i>Vibrio</i> Infections</li> <li>☎ Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)</li> <li>☎ Water-associated Disease</li> <li>☎ Yellow Fever</li> <li>☎ Yersiniosis</li> <li>☎ OCCURRENCE OF ANY UNUSUAL DISEASE</li> <li>☎ OUTBREAKS OF ANY DISEASE</li> </ul>
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★ Reportable to the Los Angeles County Department of Health Services.

## Notification Required of Laboratories

<ul style="list-style-type: none"> <li>📞 Anthrax + ■</li> <li>📞 Botulism ■</li> <li>📞 Brucellosis + ■</li> <li>☎ Chlamydial infections</li> <li>☎ Cryptosporidiosis</li> <li>☎ Diphtheria +</li> <li>☎ Encephalitis, arboviral</li> <li>☎ <i>Escherichia coli</i> O157:H7 or Shiga toxin-producing <i>E. coli</i> O157:NM +</li> <li>☎ Gonorrhea</li> </ul>	<ul style="list-style-type: none"> <li>☎ Hepatitis A, acute infection, by IgM antibody test or positive viral antigen test</li> <li>☎ Hepatitis B, acute infection, by IgM anti-HBc antibody test</li> <li>☎ Hepatitis B surface antigen positivity (specify gender)</li> <li>☎ Listeriosis +</li> <li>☎ Malaria +</li> <li>☎ Measles (Rubeola), acute infection, by IgM antibody test or positive viral antigen test</li> <li>📞 Plague, animal or human + ■</li> </ul>	<ul style="list-style-type: none"> <li>☎ Rabies, animal or human</li> <li>☎ Salmonella +</li> <li>📞 Smallpox ■</li> <li>☎ Syphilis</li> <li>☎ Tuberculosis +</li> <li>📞 Tularemia + ■</li> <li>☎ Typhoid and other <i>Salmonella</i> species +</li> <li>☎ <i>Vibrio</i> species infections +</li> <li>📞 Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses) ■</li> </ul>
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+ Bacterial isolates and malarial slides must be forwarded to the DHS Public Health Laboratory for confirmation. Health-care providers must still report all such cases separately.  
 ■ Laboratories receiving specimens for the diagnosis of these diseases must **immediately** contact the California Department of Health Services; for bacterial testing call 510-540-2242, for viral testing call 510-307-8575.

## Non-communicable Diseases or Conditions

Alzheimer's Disease and Related Conditions

Disorders Characterized by Lapses of Consciousness

☎ Pesticide-Related Illnesses (Health and Safety Code, §105200)

**To report a case or outbreak of any disease contact the Communicable Disease Reporting System Hotline**  
**Tel: 888-397-3993 • Fax: 888-397-3778**

Note: Not intended for reporting STD, AIDS, or TB. Please see comments below.

<b>DISEASE BEING REPORTED:</b>		<b>District Code:</b> ( Internal Use )																																																																			
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FAX THIS REPORT TO: 888-397-3778

For assistance, please call: Morbidity Central Reporting Unit (MCRU) at 213-240-7821, or mail to MCRU, 313 N.Figueroa Street, Rm #117, Los Angeles, CA 90012.

## NEW TB PROGRAM INTERIM MEDICAL DIRECTOR

The Tuberculosis Control Program is pleased to announce that Annette Nitta, MD, has been appointed to serve as Interim Medical Director of the Program, following the retirement of Dr. Paul Davidson, who left after 18 years of service with the Los Angeles County Department of Health Services.

Dr. Nitta has served as Assistant Medical Director with TB Control since 1993 and was instrumental in developing the Multidrug Resistant Unit (MDR), is part of the TB Surveillance Unit, which has been under her administration.

Congratulations to Dr. Nitta on this important career milestone. To reach Dr. Nitta, please call her at (213) 744-6254 between the hours of 8:30 a.m. and 5:00 p.m.

### *Public Health Letter 2001 – Index of Articles*

In August 2001, the *Public Health Letter* was consolidated with other Los Angeles County Department of Health Services newsletters into *The Public's Health*. Back issues of the *Letter* are available online at

<http://lapublichealth.org/acd/acdnews.htm>

The following index summarizes the articles released over the last year:

#### **June 2001**

- Los Angeles County Medical Providers and Public Health: Partners in Preparedness and Response to Bioterrorism
- Recent Increase in Measles Cases – 2001
- Letter to physicians announcing the addition of bioterrorist agents to the list of reportable diseases

#### **May 2001**

- Meningococcal Disease and College Students
- Smallpox is Reinstated as a Reportable Disease
- Distinguishing Smallpox from Chickenpox
- Mosquito-borne Encephalitis Surveillance – 2001

#### **April 2001**

- Understanding Foot-and-Mouth Disease
- Understanding Mad Cow Disease and the Link to Human Health

#### **March 2001**

- The Risks of Raw Milk Consumption
- Evaluation of HIV Testing in Prenatal Care Clinics in Los Angeles County

#### **February 2001**

- Important Information about Varicella
- Malaria-transmitting Mosquitoes in LA: Recent Findings and Recommendations

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# THE PUBLIC'S HEALTH

Newsletter for Medical Professionals in Los Angeles County



COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES  
**Public Health**

313 North Figueroa Street, Room 806  
Los Angeles, California 90012

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## Selected Reportable Diseases (Cases) • October 2001

Disease	THIS PERIOD (October 2001)	SAME PERIOD LAST YEAR (October 2000)	YEAR TO DATE		YEAR END TOTALS	
			2001	2000	2000	1999
AIDS	118	107	1,065	1,359	1,682	1,892
Amebiasis	11	12	102	88	106	142
Campylobacteriosis	90	104	912	1,096	1,299	1,100
Chlamydial Infections	2,742	2,686	27,957	26,291	30,947	27,586
Encephalitis	6	3	38	34	46	7
Gonorrhea	630	628	6,594	6,006	7,250	6,054
Hepatitis Type A	59	112	415	773	1,008	1,258
Hepatitis Type B, Acute	7	11	46	146	183	282
Hepatitis Type C, Acute	0	2	7	55	64	696
Measles	0	0	8	5	5	1
Meningitis, viral/aseptic	52	37	458	399	455	390
Meningococcal Infections	1	4	49	51	58	53
Mumps	2	3	5	39	41	22
Non-gonococcal Urethritis (NGU)	91	126	1,189	1,380	1,578	1,742
Pertussis	9	12	48	119	145	202
Rubella	0	0	1	3	5	0
Salmonellosis	133	119	692	973	1,092	1,027
Shigellosis	84	86	465	736	839	687
Syphilis, primary & secondary	16	11	156	113	129	84
Syphilis, early latent (<1 yr.)	8	11	166	175	248	334
Tuberculosis	81	73	723	714	1,065	1,170
Typhoid fever, Acute	2	3	21	24	25	16

Data provided by DHS' Public Health programs: Acute Communicable Diseases Control, Data Collection & Analysis, HIV/Epidemiology, Sexually Transmitted Diseases, and Tuberculosis Control.